



APPLICATION FOR EMPLOYMENT
**Area Five Agency on Aging
 & Community Services**
 1801 Smith Street, Logansport, IN 46947-3447
 PH: 574-722-4451 / 800-654-9421 Fax: 574-722-3447

POSITION DESIRED:

Prospective employees will receive consideration without discrimination because of race, color, sex, age, national origin, handicap, or veteran status.

For Main Office Use:
 Logged in by: _____ Date: _____
 Reviewed by: _____
 Declined interview/job offer with: _____

PERSONAL INFORMATION

EACH LINE must be completed for this application to be considered.

TODAY'S DATE: _____

NAME:

(Last) _____ (First) _____ (Middle) _____

SOCIAL SECURITY #: _____

ADDRESS:

(Street Address) _____ City) _____ (State) _____ (Zip Code) _____

How long have you lived at your present address? _____

What was your previous address (street address, city, state, zip) _____

Are you legally eligible for employment in the United States?
 YES _____ NO _____

How long did you live there? _____

Have you ever applied for employment with Area Five before?
 YES _____ NO _____
 If yes, give date: _____

List all states, counties, and cities where you have resided in the last 15 years:

Are you on a layoff and subject to recall at another employer?
 YES _____ NO _____

HOME PHONE: _____ BUSINESS PHONE: _____

How did you learn about us?
 Ad _____ Friend _____
 Relative _____ Inquiry _____
 Employ. Agency _____
 Other _____

Do you prefer (check one): Full Time work _____ (or) Part Time work _____ Pay expected: _____

Skills: Check those that apply:
 Calculator _____
 Spreadsheet _____
 Word processing _____
 Typing _____ PC/MAC _____
 Other (list): _____

What hours can you work? _____ When will you be available to begin work? _____

Will you work over-time if asked? _____ Will you travel if required? _____

EDUCATION

SCHOOL	SCHOOL NAME	CITY/STATE	COURSE OF STUDY	YEARS	DIPLOMA/DEGREE
HIGH SCHOOL					
UNDERGRAD COLLEGE					
GRADUATE/ PROFESSIONAL					
OTHER					

EMERGENCY INFORMATION

NAME	ADDRESS	RELATIONSHIP	HOME PHONE	BUSINESS PHONE
1.				
2.				

EMPLOYMENT HISTORY

*Please give accurate, complete full-time and part-time employment history. Start with your present employer and include the last 15 years of work experience. If you need additional space, continue on a separate sheet of paper.

Employer: _____ Telephone: _____
Address: _____ Job Title: _____
Employed: (mo/yr) From: _____ To: _____ Weekly Pay: Start: _____ End: _____
Name of Supervisor: _____ Work Performed: _____
Reason for Leaving: _____

Employer: _____ Telephone: _____
Address: _____ Job Title: _____
Employed: (mo/yr) From: _____ To: _____ Weekly Pay: Start: _____ End: _____
Name of Supervisor: _____ Work Performed: _____
Reason for Leaving: _____

Employer: _____ Telephone: _____
Address: _____ Job Title: _____
Employed: (mo/yr) From: _____ To: _____ Weekly Pay: Start: _____ End: _____
Name of Supervisor: _____ Work Performed: _____
Reason for Leaving: _____

Employer: _____ Telephone: _____
Address: _____ Job Title: _____
Employed: (mo/yr) From: _____ To: _____ Weekly Pay: Start: _____ End: _____
Name of Supervisor: _____ Work Performed: _____
Reason for Leaving: _____

Employer: _____ Telephone: _____
Address: _____ Job Title: _____
Employed: (mo/yr) From: _____ To: _____ Weekly Pay: Start: _____ End: _____
Name of Supervisor: _____ Work Performed: _____
Reason for Leaving: _____

We may contact the above listed employers unless you indicate those you do not want us to contact.

Do not contact: _____ Reason: _____

Describe any job-related training received in the United States military:

Describe any training relevant to the position for which you are applying:

ADDITIONAL INFORMATION

The information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Right Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal law also prohibits discrimination based on age, citizenship and disability. The laws of most states also prohibit some additional types of discrimination based upon ancestry, marital status, and sexual preference.

Are you a United States Citizen? YES___ NO___
 Are you over 18 years of age YES___ NO___

Have you ever been bonded? YES___ NO___
 If bonded, with which employers? _____

Have you ever been arrested or charged with child sexual abuse, other forms of child abuse or neglect, violent felonies or any other criminal offense YES___ NO___
 If you answered yes, what was the nature of the offense (s): _____

 Were you convicted? YES___ NO___
 Date of conviction? _____
 Specify the state and county in which you were charged for each offense:

Have you served in the Armed Services? YES___ NO___
 If yes, which branch? _____

 Please state the dates of service: _____
 If yes, state the type of discharge _____

 Are you currently in the reserves ?YES___ NO___

Do you have a valid driver's license? YES___ NO___
 Do you have current vehicle insurance? YES___ NO___
 Are there any restrictions on your driver's license? YES___ NO___
 If yes, list all restrictions: _____

 Has your license ever been suspended or revoked? YES___ NO___
 If yes, please explain: _____

State all of your motor vehicle violations including but not limited to :
 Speeding, reckless driving, driving under the influence, driving while impaired, or driving while suspended. For each violation state the County and State where the offense occurred and the year thereof:

Do you have an impairment/physical limitation which would affect your ability to perform certain jobs? YES___ NO___ If yes, please explain the types of jobs which may prove difficult: _____

For each job listed that may prove difficult for you to perform due to an impairment or physical limitation, are there reasonable accommodations that Area Five could make which would enable you to satisfactorily perform this work? If so, please describe these accommodations:

Have you ever been discharged or asked to resign from any positions? YES___ NO___ If yes, for each occasion that you were discharged or requested to resign please state the name of the employer, the dates of employment and the reason (s) you were terminated or asked to resign:

R E F E R E N C E S	1. Name _____ Address _____ City/State _____
	Occupation _____ Years known _____ Telephone No. _____ Check One: Former Employer___ Friend___ Other___ Best Time to Call: _____
	2. Name _____ Address _____ City/State _____
	Occupation _____ Years known _____ Telephone No. _____ Check One: Former Employer___ Friend___ Other___ Best Time to Call: _____
	3. Name _____ Address _____ City/State _____
	Occupation _____ Years known _____ Telephone No. _____ Check One: Former Employer___ Friend___ Other___ Best Time to Call: _____

This application must be reviewed and initialed by the Director before the new hire may begin employment.
 Application reviewed by Director: YES___ NO___ DATE: _____

APPLICANT'S STATEMENT

Please indicate that you have read and understand each paragraph of the Applicant's Statement by
placing your initials beside each paragraph.

Initials _____

_____ I certify that this application was completed by me and that all entries and information in it are TRUE and COMPLETE to the best of my knowledge. I understand that false, misleading or omitted information in my application may result in no employment being offered or an offer being withdrawn and, in the event of employment, in discharge.

_____ I authorize Area Five to investigate and to hire others to investigate my background and all statements contained in this application in which Area Five deems necessary in making an employment decision. I understand that an investigation may be made and information may be obtained through interviews with personal references and past employers, through a credit check, a criminal history check and/or a driver's record check. This inquiry may include information concerning, among other things, my character, general reputation and personal characteristics, as well as information about my work performance and workplace conduct. I consent to this investigation and Area Five consideration of any statements of references, former employers or others that are given in response to the inquiry, and I agree to execute any consents, authorizations or other documents that may be required in order for Area Five to perform a criminal record check, a credit check, a drivers record check and/or a background investigation. This authorization shall continue in full force and effect until I receive notice from Area Five that my application is rejected; however, in the event I am employed by Area Five then this authorization shall continue until my employment at Area Five is terminated.

_____ I hereby release all parties, including but not limited to, personal references, previous employers, investigative agencies, credit bureaus, and their employees and agents from liability for any injury or damage that may result from their furnishing Area Five information concerning me, and I release Area Five from all liability for any injuries and/or damages which I sustain that results from action which Area Five takes on the basis of such information.

_____ I understand and agree that if I am offered a job, that as a requirement of beginning my employment and as a requirement of my continued employment that I may be required to undergo physical examinations, t. b. testings, blood alcohol testings, and drug screenings, and I hereby consent to such examinations, testings, and screenings and I will authorize any doctor, hospital, clinic laboratory, or other medical facility to furnish Area Five all medical information with reference to me as may be necessary in conjunction with the physical examinations, t. b. testings, blood alcohol testings, and drug screens mentioned in this paragraph. I understand and agree that any offer of employment and my continued employment if I am hired by Area Five are conditional upon my providing Area Five all necessary authorizations required by this paragraph.

_____ I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain Documentation to verify their identity and United States citizen status, or if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment to me is contingent upon my ability to produce the required documentation within the time period required by law.

_____ I understand and agree that this application is not, and is not intended to be, a contract of employment and that any resulting employment is for no fixed period of time and is terminable at any time and for any reason by me or by Area Five. I further understand that statements which may be contained in policies, practices, handbooks or other material do not create any guarantee of employment and that Area Five has the right to modify, amend or terminate policies, practices, benefits plans or other programs within the limits and requirements imposed by law. I understand that no representative of Area Five, other than the Board of Directors, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding.

_____ I agree that, upon employment, I will sign an agreement relating to confidential information.

_____ If I am employed by Area Five and receive badges, personal protective equipment, tools, or other property and upon my failure to return the same, I agree to reimburse Area Five the reasonable value of such property within 30 days of a written request by Area Five. In the event I fail to reimburse Area Five as provided in this paragraph I agree to pay Area Five the cost of collection plus reasonable attorney's fees.

Signature of Applicant _____ Date: _____